

A METHOD OF DRESSING EYES.



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AFTER CATARACT EXTRACTION AND OTHER OPHTHALMIC OPERATIONS  
REQUIRING REST BY EXCLUSION OF LIGHT.

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The accompanying woodcut shows the dressing. It consists, first, of two strips of isinglass plaster, about two and



one-half inches long by a quarter of an inch wide, applied over the closed eyelids to keep them shut; next of a strip of soft, thin linen or cotton cloth, in the form of a parallelogram,

large enough to extend laterally beyond the temporal edges of the orbital rims, upwards to clear the superciliary ridges, and downwards to a horizontal line drawn through the cheekbones. Next a piece of black silk sufficiently large to overlap all but the upper edge of the cloth; next of some strips of isinglass plaster long enough and broad enough to attach themselves partly to the silk and partly to the contiguous skin, so as to hold the dressing in place. If the silk be so thin as to be translucent it should be made of two folds, otherwise one fold will suffice. A notch may be made in the centre of the lower edge of cloth and silk, so as to permit a close coaptation between the dressings and the skin in the angles formed by the intersection of the wings of the nostrils with the surface at the base of the upper lip.

It is claimed that this dressing, when carefully applied, is sufficiently permeable to permit the proper escape of heat and moisture, and is yet so opaque as to shut out light, and therefore to produce natural rest for the eyes, while it is free from weight, and incapable of making any other pressure than that which the natural coaptation of the eyelids and eyeball makes.

It is a clinical desideratum to be able to treat a case of ophthalmic surgery in a well lighted room, without admitting light to the wounded organ. Such a dressing makes it easy to surround old and feeble subjects with an atmosphere chemically fitted by direct light for purposes of respiration, and thus to quicken the vital forces and lessen the dangers which spring from delayed or perverted reparative processes. It favors regular and easy care of the patient, and the performance of such offices as may pertain to his comfort or safety. It permits, at proper times, such entertainment as may tend to give pleasant occupation to the mind and banish the apprehension and dread which always exist, to a greater or less degree, in the case of those who are served in the dark by groping or stumbling attendants.

It is claimed, moreover, that this dressing does away with the dangers arising from the use of pressure bandages, dangers much greater than some are now prepared to admit—but dangers proved to exist by the great variety of the bandages,

and the attempt made to give formulæ for the measurement of the pressure made by a given bandage.

We believe that there would be fewer eyes lost by suppuration, after extraction, for example, if pressure bandages were entirely discarded from the surgical armamentarium, and eyes allowed to be shut and at rest unopened for a few days after severe operations.

It remains to be proved that pressure aids the union of wounds in the eyeball. We believe that the natural dressing of a wounded eye is the closed eyelids, and the only other local condition needed is the rest afforded by the exclusion of light by closure of eyes and repose of the facial muscles. Pressure enough from bandages to secure such desiderata is scarcely attainable, or, if obtained, becomes so soon intolerable as to provoke the surgeon to a speedy readjustment of his bandage—a readjustment often made necessary for the relief of symptoms which are found, on a candid examination, to have originated in the effects produced by accidental displacement of the bandage which, perhaps, twelve hours previously had been fastidiously applied.

This method may also be used after the abstraction of blood by Heurteloup's leech, giving the local rest afforded by darkness, and, when desirable, associated with gentle bodily exercise to keep up the play of the circulation, and thus help to discuss a choroidal or other ophthalmic congestion.

It is our common practice to apply this dressing immediately after an extraction, and not to remove it until the expiration of five days, when it can be easily detached by washing, and reapplied, if need be. A very little experience will enable a surgeon to post himself as to the progress of a case after extraction by the subjective symptoms, with the additional testimony obtained by gently passing the finger over the silk dressings to determine the question as to whether swelling of the lids exists.

Let a patient be placed after an extraction operation amid such circumstances as will tend to increase gently and healthfully the activity of the nutritive forces; protect him against the meddlesome officiousness of a peeping pathologist, and less will be known of the small beginnings of morbid changes in wounds

and fewer eyes lost. The *vis medicatrix naturæ* can nowhere play a more satisfactory part than in the healing of eye-wounds. To this end there must be a good supply of nourishing food, excluding alcohol, excepting in cases where you wish to retard the tissue-wasting of old age. There should be rest of the wounded and fellow eye insured by closure of eyelids and exclusion of light. There should be fresh air, influenced by the presence of sunlight, for the patient to breathe. There should be the cheerful presence of discreet attendants, not of persons given to restless meddling.

The dressings after an extraction or iridectomy should be allowed to remain upon the eyes until the afternoon of the fourth or fifth day, and the temptation to open the eyes met by the recollection of the fact that there is a struggle in every wound between the reparative and destructive forces, and that rest by exclusion of light and air aids the former and antagonizes the latter.



